

FORM TO BE USED BY FEDERAL PRISONERS FILING A PETITION  
FOR WRIT OF HABEAS CORPUS PURSUANT TO 28 U.S.C. § 2241

IN THE UNITED STATES DISTRICT COURT FOR THE

WAYNE A BECKFORD #23611-265

Federal detention center

P.O. Box # 5010

05-11111

OAKdale LA 71464 *Referred to MJRO Collins*  
(Name, prison number, and address or  
place of confinement of Petitioner),

Petitioner,

vs.

Case Number:

(To be assigned by Clerk)

SJC Appell Court  
Boston MASS

(Name of warden or other official  
having custody of Petitioner),

Respondent.

HABEAS APPLICANTS MUST COMPLETE THIS ENTIRE FORM

PLEASE COMPLETE THE FOLLOWING (check where applicable):

1. This petition concerns:

- (a) ☒ a conviction  
(b) ☐ a sentence  
(c) ☐ jail or prison conditions  
(d) ☐ prison discipline  
(e) ☐ parole  
(f) ☐ other (explain) \_\_\_\_\_

2. Provide the following information regarding the conviction(s) and sentence(s) for which you are presently incarcerated:

(a) Name(s) and location(s) of court: Zip 01701-8003

FRAMINGHAM DISTRICT COURT  
600 CONCORD ST. PO BOX 1969, FRAMINGHAM MASS

(b) Case number(s): 0149 CR 1768

(c) Nature of the charge(s) for which you were convicted:

DRUG distribute / SCHOOL, PARK VIOLATION

(d) The conviction followed your plea of ☐ guilty,

☒ not guilty, or ☐ nolo contendere.



(e) Did you appeal the conviction or sentence?  
☒ Yes, ☐ No. If yes, state the date, outcome, and number assigned to the appeal: 4/27/05. conviction upheld  
2008 - 377

3. Are you currently represented by counsel in this case or any other court case? ☐ Yes, ☒ No.

4. In the spaces below, set forth every ground which supports your claim that you are incarcerated unlawfully. Briefly summarize the specific facts in support of each ground raised, and provide the information regarding exhaustion under your summary of facts. You may attach additional pages, if necessary. Conclusions which are not supported by specific facts are insufficient. Do not cite any law in your statement of facts.

CAUTION: An application for writ of habeas corpus by a prisoner authorized to apply for relief by motion under 28 U.S.C. § 2255 will not be entertained by the court unless it appears that the remedy by § 2255 motion is inadequate. Therefore, IF any of the grounds raised below challenge the validity of your conviction or sentence as imposed by the sentencing court, YOU MUST COMPLETE ITEM 5. If they do not, you may skip item 5.

(a) GROUND ONE:

Officer Testified That  
he was shown picture throat the  
investigation, I requested picture.  
And the were not produce



SUPPORTING FACTS:

TRANSCRIPTS Testimony  
 of pictures and drugs.  
 They kept it for a year and a half  
 before securing. Judge allow it into  
 evidence.

#. Case should have been sever  
 They should not have been tried  
 together / propensity evidence

Judge denied the request  
 finding.

EXHAUSTION: Have you presented ground one to the Bureau of  
 Prisons, or in any other administrative or judicial proceeding?

Yes, ☒ No: If yes, provide the number(s) assigned to the  
 proceeding, the result(s), and the date(s) of the result(s) of  
 that proceeding, including any appeals:

(b) GROUND TWO:

The officer did not  
 secure the drugs properly.  
 They keep it for 1 1/2 before  
 it was put in a vault



5. If any of the grounds raised above challenge your conviction or sentence imposed by the sentencing court: --

(a) Explain in the space below why your remedy under 28 U.S.C. § 2255 is inadequate or ineffective to test the legality of your detention:

My Constitution Right  
was violated.

A injustice was  
up held

(b) State whether you have ever filed a § 2255 motion and the result:

NO

6. WHEREFORE, based on the grounds raised above, Petitioner prays that the court will grant the following relief:

← VACATED →



DECLARATION

I declare under penalty of perjury that I have read the above and state that the information contained therein is true and correct to the best of my knowledge.

Executed 6-28-05, at FDC. onk late SA,  
(date) (place)

by [Signature]  
Petitioner

Signature of Attorney (if applicable)

Note: If you have not paid the \$ 5.00 filing fee, you must also submit an application to proceed in forma pauperis, which must also be signed under penalty of perjury.

11. List any debts you have and the amount owed.

<u>Creditor</u>	<u>Amount Owed</u>
child Support	10,000
_____	_____
_____	_____
_____	_____

12. List your monthly living expenses.

\$50.00	_____
personal hygiene	_____
_____	_____
_____	_____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Wayne A. Beckford  
(Signature of Applicant)

CERTIFICATE  
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ 0- in his/her drawing account and \$ 0- in his/her savings account at this institution where he/she is confined. I further certify that the applicant likewise has the following securities to his/her credit according to the records of this institution:

I further certify that during the last six months the applicant's average balance was \$ 0-.

F.D.C. Oakdale  
Name of Institution

P.O. Box 5060 Oakdale, LA 71463  
Address of Institution)

318-335-4466  
Phone Number of Institution

K. Firmin  
Printed Name of Authorized Officer

[Signature]  
Signature of Authorized Officer